

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004293

Entity Name: LEELAND GROUP MORTGAGE, LLC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

122-A WEST BAY STREET, STE. #D
SAVANNAH, GA 31401

New Principal Place of Business:

116 BULL STREET
SUITE B
SAVANNAH, GA 31401

Current Mailing Address:

122-A WEST BAY STREET, STE. #D
SAVANNAH, GA 31401

New Mailing Address:

116 BULL STREET
SUITE B
SAVANNAH, GA 31401

FEI Number: 33-0903645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLGOOD, GREER
Address: 122-A WEST BAY STREET, STE. #D
City-St-Zip: SAVANNAH, GA 31401

Title: MGR () Delete
Name: ALLGOOD, BRUCE
Address: 122-A WEST BAY STREET, STE. #D
City-St-Zip: SAVANNAH, GA 31401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLGOOD, GREER
Address: 116 BULL STREET SUITE B
City-St-Zip: SAVANNAH, GA 31401

Title: MGR (X) Change () Addition
Name: ALLGOOD, BRUCE
Address: 116 BULL STREET SUITE B
City-St-Zip: SAVANNAH, GA 31401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREER ALLGOOD

MGR

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date